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**PSNC warns
PCTs off direct
supply route**

**Scottish vote
demands health
policy control**

**BAPW sets out
five-year plan
and redesign**

**Ethnic beauty –
profit centre or
niche market?**



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Editor

Charles Gardner, MRPharmS

News Editor

Gary Paraguru, MRPharmS

Business Editor

Chris Linnick

Clinical Editor

Mark Williams, MRPharmS

Contributing Editor

Adrian de Mont, MRPharmS

Marketing Editor

Sarah Thackray

Production Editor

Pauline Hall

Group Production Sub Editor

Richard Gorman

Editorial secretary

Julie Bower

Editorial phone: 01732 377407

(fax): 01732 377407

E-mail: j.bower@dotpharmacy.com

Price List

Contributor/Contributor

Chris Linnick, Maria Linnick

Price List (tel): 01732 377407

(fax): 01732 377559

Group Sales Manager

Jennifer Giddard

Sales Manager

Mark Waddy

Classified Executive

Debra Thackeray, BA

Advertisement secretary

Pauline Stone

Advertisement phone: 01732 377407

(fax): 01732 377407

Projects and Price Service Manager

Pauline Hall, MRPharmS

Pharmacy Projects

Mary Phillips

01732 377407

Production

Pauline Hall

Publishing Director

Margaret Wilson

CMP Information Ltd

Chemist & Druggist incorporating Retail

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Counter

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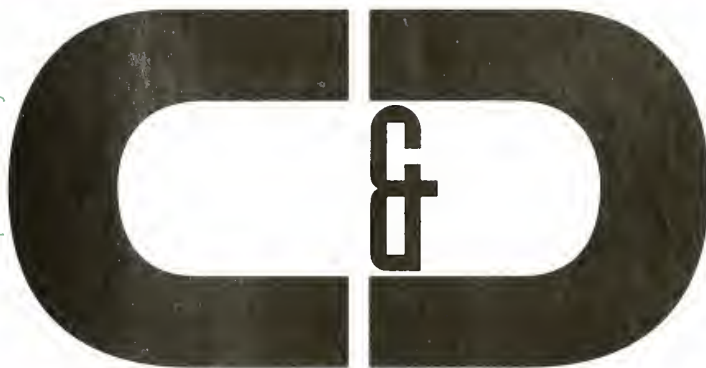
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Cover photo by Black like me. Photo right by Revision

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Essex learns from errors

Around 140 Essex pharmacies are taking part in a local scheme to report dispensing errors and near misses. The scheme, which follows last year's 26-pharmacy pilot, is finding that common problems centre on labelling, selection and bagging, with the most common errors relating to the selection of the wrong drug or strength.

Paul Duell, scheme co-ordinator and clinical governance facilitator for Essex PCTs, said: "This is getting pharmacists to think about what's going on and about sharing good practice."

Of the 116 anonymous reports received between February and May, 52 per cent relate to adverse events, described as incidents that result in actual harm, loss or damage, or any error a patient was aware of, and 48 per cent relate to near misses, or incidents that could have led to harm but did not.

Low attendance at RPSGB roadshows

Only 206 pharmacists have attended the Royal Pharmaceutical Society's first nine Charter roadshows, raising the question of whether the Society's consultation will generate sufficient feedback.

Immediate past president of the RPSGB Marshall Davies stated at the draft Charter's launch that the Society would have to satisfy the Privy Council that the matter had been widely consulted upon.

But figures released by the Society this week show that attendance at the roadshows has been sparse. Only 15 delegates attended the Leeds roadshow last month, while the highest attendance was 39 at last week's Birmingham roadshow. The average attendance is 23.

Although the RPSGB was unable to say how many written responses it had received, a

spokesman added: "The Charter consultation is still ongoing and we will calculate the total number of responses received when this is completed."

"Responses have been received from a variety of sources including individuals and organisations and will include feedback from various meetings including the Society's *Fit for the Future* roadshows and branch Charter meetings."

In addition, RPSGB public affairs director Beverley Parkin said 48 branches have applied for funding to hold meetings to discuss the Charter, and there is funding to stretch to about 80 meetings.

Also, feedback forms will be sent to all members next week, said Ms Parkin, giving members unable to attend the roadshow a chance to comment.

Residents protest to Aberdeen pharmacy

A Scottish pharmacist is facing protests from local residents over the number of people using his methadone dispensing service.

Notman's Pharmacy, on the edge of Aberdeen city centre, has been the subject of a report in the local evening paper after a community action group conducted a survey of residents, which showed they felt there were too many methadone patients visiting the store.

However, pharmacy owner Stuart Notman said the Ferryhill residents' concerns are definitely a case of "not in my back yard".

Mr Notman, who has owned the pharmacy since 1990, said the number of methadone patients increased following the introduction of the local health board's Shared Care Scheme in 1996. He currently dispenses for over 100 daily methadone patients.

Mr Notman has introduced technology to help reduce the time spent on dispensing. He works very closely with the local substance misuse service and most local GPs.

Alexander Bisset, chairman of the Ferryhill Community Council says although there is no evidence to support an increase in the level of crime in the vicinity of the pharmacy he said there was a "fear of crime".

Mr Bisset denied that these concerns were a case of "not in my back yard" and said that the FCC would be seeking a meeting with the Grampian Health Board and Mr Notman about balancing the numbers of addicts more evenly across all methadone-registered pharmacies in Aberdeen.

A spokesman for the Grampian Health Board said that the number of patients a pharmacist chose to dispense methadone for was a matter for the individual's professional judgement.

"Pharmacists that participate in the programme provide a valuable service. These are NHS patients and our priority lies with the patient."

PC Stewart, community beat officer for the area, said that Mr Notman is doing a good job and manages the service very well. "We have a great working relationship," he said.

Paul Stevens, pharmacist proprietor of Exminster Pharmacy in Exminster, Devon, has won the first Pharmacia/Phoenix 'Engaging the Patient' Award. He was presented with his award and a cheque for £1,000 at an event attended by three regional winners in Sutton Coldfield last week. The runners-up were Ahmed Atchia from Stockton-on-Tees, and Ian Ashby and Andrew Burr from Tamworth. Each regional finalist had to present their project to a panel of judges: Patrick Grice (C&D), Sandy Young (Phoenix) and Howard Tebby (Pharmacia). Pictured, from the left, are: Ahmed Atchia, Patrick Grice, Ian Ashby and Andrew Burr, Paul Stevens, Sandy Young and Howard Tebby



Questiontime

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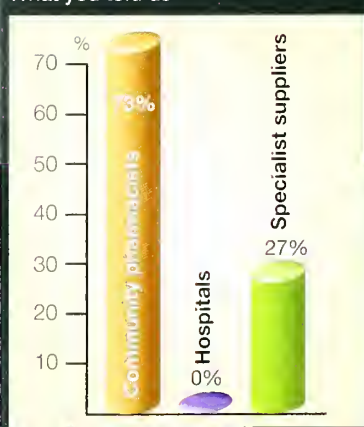
Last week we asked you: Which supplier do you think patients would most like to provide oxygen cylinders? You replied (see right):

This week's question: Do you think primary care organisations should be able to centrally purchase medicines?

- Not at all
- In limited circumstances
- For specific categories
- For all medicines

You can record your vote on our website: www.dotpharmacy.com. You have until noon on July 1 to cast your vote. We will publish the results in C&D, July 5.

What you told us



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Zirtek, the original cetirizine, is still the best-selling antihistamine in the world. And it still leads the way. It's the first and only cetirizine available in packs of 7, 14 and 30 tablets. And it's now also available in a child-friendly solution. But it's not just the range that's grown.

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ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF

PRESENTATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria. **DOSAGE AND ADMINISTRATION:** Adults and children aged 6 years and over: 10 mg daily. Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency give the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily. **CONTRAINDICATIONS:** Hypersensitivity to the constituents, lactation. **INTERACTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** Zirtek Allergy: Pack of 14 tablets = £7.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P. Zirtek Allergy Relief: Pack of 7 tablets = £4.45 R.R.P. **LEGAL CATEGORY:** Zirtek Allergy: P. Zirtek Allergy Relief: GSL. **MARKETING AUTHORISATION NUMBER:** PL 08972/0032 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH. **ZIRTEK ALLERGY SOLUTION** **PRESENTATIONS:** Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride. **USES:** Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial

allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over. **DOSAGE AND ADMINISTRATION:** Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily. **CONTRAINDICATIONS:** Hypersensitivity to the Constituents, Lactation. **INTERACTIONS:** To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported. **USE IN PREGNANCY:** As with other drugs, the use of cetirizine in pregnancy should be avoided. **PACKAGING/PRICE:** 75ml Solution = £5.99 R.R.P. **LEGAL CATEGORY:** P. **MARKETING AUTHORISATION NUMBER:** PL 08972/0033 **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD18 0UH. For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. **Date of preparation:** February 2003. **UCB-ZA-03-02**

References:

1. IMS HEALTH MIDAS data. Units sold from July 2001 - June 2002



'Lacklustre' MCA urged to do more

The government agency charged with protecting public health by ensuring standards for UK medicines is "unacceptably lacklustre" in driving improvements in the protection of public health, MPs said this week.

Although the MCA, which is now part of the Medicines and Healthcare products Agency, was a leader in its field internationally, it had "limited success" in improving the reporting of regulating ADRs by health professionals, a Commons public accounts committee claims.

"It is simply unacceptable that the Agency's efforts to drive

improvements in the protection of public health have been so lacklustre," said committee chairman Edward Leigh.

"The level of reporting by health professionals of adverse reactions to medicines is far too low, and the leaflets and labels on medicines designed to provide patients and doctors with important information on potential risks are poor," he added.

In addition, the committee cited a "widespread but unmonitored practice of prescribing to children drugs that, while licensed, are not specifically approved for paediatric use".

EU Directive should raise confidence in herbals

New legislation should give pharmacists confidence to steer customers towards herbal medicines, an expert has said.

Under the EU's Traditional Herbal Medicinal Products Directive the public will have herbal medicines of guaranteed quality, with information on the label telling them what the product is for, based on reliable evidence of past use.

Dr Richard Middleton, a pharmacist advising on the standards that might be required under the Directive, said much hard work would be needed to

ensure that products came up to scratch. But if doctors and pharmacists knew their patients could receive high quality, safe herbal remedies they might be more inclined to recommend them – and patients to take them – in preference to conventional drugs.

Dr Middleton, technical director, Medic Herb UK Ltd, told a British Herbal Medicine Association seminar it would be important to make sure the cost of dossiers required for product registration was realistic for small to medium companies.

Lambeth OUTLOOK

Musical chairs again

Frequent ministerial reshuffles are not necessarily a good thing, argues Beverley Parkin, the RPSGB's director of public affairs

I am sure we would not be pleased if our local MP changed every year. We would doubtless be frustrated because it would seem that no sooner had our trusty local parliamentarian got to know the terrain than they were whisked off and replaced with someone new. What chance would they have to understand the subject and take any of the serious issues forward?

So it is not surprising that there was some annoyance that the minister with responsibility for *Pharmacy in the Future* as well as other pharmacy issues changed again at the reshuffle.

The revolving door at Richmond House, headquarters of the Department of Health, has been in overdrive of late. Alan Milburn (minister for pharmacy from May 1997 to July 1998) has returned to the bosom of his family. Jacqui Smith rematerialised in the DfT with extra responsibilities as deputy minister for women. Hazel Blears (pharmacy services June 2001 to June 2002) has morphed into a crime-busting supremo at the Home Office.

Earlier this year we saw the much lamented loss of Lord Hunt (pharmacy services October 1999 to June 2001), probably the member of the health team with the most experience.

The pharmacy minister, David Lammy, who took on the brief just a year ago with great hopes invested in his energy and dynamism, reappears in the newly created Department of Constitutional Affairs with a portfolio well-suited to his legal background.

John Hutton (July 1998 to Oct 1999) remains the one point of stability in the DfH. For that reason, and for the fact that he is minister for the NHS – and if anything the future of pharmacy and the future of the NHS are becoming ever more inseparable – we might have welcomed him as our new minister.

But the reshuffle was much more extensive than anyone predicted. Pharmacy's new minister, Rosie Winterton, is a full



minister of state whereas her predecessor was only a parliamentary under-secretary.

Roth's guide to political personalities describes her as "an elfin blonde similar to Barbara Windsor both in looks and voice". This somewhat unflattering description belies her impeccable political pedigree – assistant to John Prescott, member of two trade unions, member of campaign leadership team and at least some background in health matters given her membership of the All Party Community Health Councils Group. Moreover, as a former member of the Intelligence and Security Committee she has been entrusted with the most confidential state information.

Some might argue that, as Ms Winterton is the third incumbent since the 2001 general election, the profession is not getting the stability it needs at the highest levels. Obviously, the Society will need to invest time in nurturing a new relationship to ensure that the minister, who will have very little grounding in pharmacy issues, can come to a broad understanding of the profession's concerns. It is, however, significant that responsibility for pharmacy has been given to a more senior individual in this reshuffle and this may well be a reflection of the crucial decisions ahead and perhaps even of the impact pharmacy has made recently.

I hope John Reid will be able to put a wedge under that revolving door and let his new team get to grips with what is an exciting, difficult but vital brief.



Community pharmacist Anita Jones, Molly Conibee from the New Economics Foundation, Hornchurch MP John Cryer, NE London LPC secretary Hemant Patel, and NEL LPA vice-chairman Imran Khan have maintained the lobbying against the 1000-hour requirement for entry by delivering petitions and a letter from members of the public to the Prime Minister last Wednesday. From the left are:

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BENADRYL ALLERGY RELIEF Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage (12 - 65 years): One capsule up to 3 times a day. Contra-indications: Hypersensitivity to acrivastine or to any of the ingredients. Precautions: Patients should not undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely, drowsiness. Price: 12s £4.50 (ex-VAT), 24s £7.55 (ex-VAT). Legal category: P. PL holder: Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZD. **BENADRYL PLUS CAPSULES** Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: 12 - 65 years: One capsule up to three times a day. Contra-indications: Hypersensitivity to any of the ingredients or triprolidine, hypertension, renal impairment or severe heart disease, use with MAO's. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma, prostate enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensive and tricyclic antidepressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely skin rash, drowsiness, urinary retention or CNS excitement. Price: 12s £4.99 (ex-VAT), 24s £8.99 (ex-VAT). Legal category: P. PL holder: Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZD. **BENADRYL ALLERGY ORAL SOLUTION** Presentation: Solution containing 1mg/ml Cetirizine hydrochloride. Uses: Seasonal allergic rhinitis, perennial rhinitis and chronic idiopathic urticaria. Dosage: Adults and above 10ml once daily. Children 6 - 11 years: 10ml once daily or 5ml twice daily. Seasonal allergic rhinitis only. Children 2 - 5 years: 5ml once daily or 2.5ml twice daily. Contra-indications: Hypersensitivity to any of the ingredients. Precautions: Patients should not undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely, skin rash. Price (ex-VAT): 100ml £4.99. Legal category: P. PL holder: UCB Pharma Limited, 3 George Street, Watford, Hertfordshire, WD18 0UH. PL number: 08972 0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZD. Date of revision: 2001.

BAPW sets out stall for next five years

The BAPW used its conference at the Belton Woods Hotel in Grantham last week to launch a five-year plan and propose a new design for its logo.

According to its plan document, "in the future, survival will depend on delivering consistent, high-quality service at a time and location convenient to customers. Change is all around us and it is those who... adapt... who will prosper."

The theme of the conference was *Together Delivering Quality Health Care* and speakers included BAPW chairman Steve Dunn, Duncan Eaton, chief executive of the NHS PAsA, and

Sue Sharpe from PSNC.

Gerry Williams, deputy country manager of IMS, highlighted the role of data in delivering quality healthcare, saying: "On its own it is not enough. It needs value added through information and insight."

Marshall Davies, immediate past president of the RPSGB, added that there is a change underway as to what constitutes good healthcare. He said: "The media is making health interesting to the public like never before. Future health policies must place the patient centrally and focus on improving patients' experience and health management."

This is echoed in the BAPW's five-year plan which aims to "influence standards and business processes

that advance efficient healthcare management".

The Association's plan sets out its pledge to "create an environment conducive to developing excellence in wholesaling and distribution practice while at the same time providing the necessary support to members".

Steve Dunn emphasised the BAPW's commitment to working with other members of the healthcare supply chain to improve service to patients and customers.

A further aim is to add all full-line pharmaceutical wholesalers to its membership and continue to grow its base of affiliate and associate members.

For more information:

www.bapw.co.uk



Steve Dunn with a copy of the Association's five-year plan and, far left, three of the proposed new logos



Goldshield profit dented by generics

Goldshield has vowed to keep a close eye on its UK generics business, after pared margins dented the group's preliminary pre-tax profits for the year to March 31 by 38 per cent.

Intense competition in this market, coupled with the Serious Fraud Office generics investigation, the subsequent Department of Health claim and adverse media attention on vitamins, all served to produce group pre-tax profits of £10.1 million.

Although this was ahead of analysts' predictions of between £8m and £10m on sales of £104.6m, it was not enough to salvage the company's stock price, which fell 1.5p to 145p, down 1.5p from 146.5p.

Over the year sales of the UK generics division rose 10 per cent to £104.6m.

The company is looking to improve its margins by a further 10 per cent.

For more information:
www.goldshield.co.uk

INDUSTRY

Brunel rises from the ashes

Brunel Healthcare, the Bristol manufacturer and supplier of consumer healthcare products, including the Vertese gelatin-free vitamin and mineral range, has officially opened its new premises at the Cribbs Causeway Centre after narrowly escaping closure eight years ago when its Bishopsworth premises burnt to the ground in a huge blaze.

It was a devastating blow for the company, then known as Brunel Trading, which lost over £1 million worth of stock in the fire.

Managing director Ron Stagg said: "It was a very difficult time but we were determined not to be

beaten. Customers, business neighbours, suppliers and staff all rallied round, and we managed to be back in business very quickly."

Luckily, some of the company's stock was saved due to a late delivery van, a nearby warehouse was found and the company was soon able to continue trading.

Eight years on and the new premises of the now £9 million turnover company was opened last week by Steve Webb, MP for South Gloucestershire.

For more information:

E-mail: sales@bruhealth.co.uk



Above, the aftermath of fire at Bishopsworth and, left, Ron Stagg and Steve Webb MP open the new Brunel Healthcare premises

NPA

NPA template for FIA compliance

The NPA Board has approved a publication scheme template to help its members comply with the requirements of the *Freedom of Information Act 2000* which aims to give the public access to information about public services.

One of the requirements of the Act is that a publication scheme must be produced for all pharmacies in contract with the NHS. The content of the scheme is very precise and all publication schemes are required to be approved by the Information Commissioner. The draft template has already received approval.

Consideration will now be given to the best way to present the template to members. Possibilities include an electronic format which would enable pharmacies to print out hard copies when information was requested from the public, a poster to display in the pharmacy or a printed leaflet.

Publication schemes must be available in every pharmacy by October 31.

INDUSTRY

Dolly company jobs danger

Over eight in 10 jobs are expected to go at PPL Therapeutics, the Scottish biotechnology company involved in creating Dolly the sheep, after plans to develop its drug for alpha-1 antitrypsin deficiency were put on hold.

The joint project with Bayer Biological Products aimed to develop its recombinant alpha-1 antitrypsin programme (recAAT) for the genetic condition that causes cirrhosis of the liver in children and emphysema in adults.

Explaining the decision, PPL Therapeutics said: "Although

significant advances have been made since the end of Phase 2 trials, the resources required to move the project forward have led... to the decision to place the project on hold."

Bayer BP is instead to devote resources to process and development improvements for Prolastin, its alpha-1 proteinase inhibitor (human) for alpha-1 antitrypsin deficiency.

PPL admits that the recAAT project was a major part of its business, but that it still has sufficient funds and resources to concentrate on bringing Fibrin I,

a ready-to-use post-surgery wound healing agent to market in about three years' time. Geoff Cook, PPL's chief executive officer, said it has net cash deposits of £8.7 million to help it market Fibrin I to its potential market of three to four million surgical procedures per year in the USA.

However, to do this, PPL needs to reduce its 'cash-burn' by about half, to £300,000 per month. Between 90 and 140 jobs are expected to go from the sites in Scotland and New Zealand and also at board level.

AAH to distribute Pharmacia products

Customers will be able to order the full range of Pharmacia products from their local AAH Hospital Service branch from July 1.

Hospital Service director Jeremy Poole said: "Not only are there an additional 17 products available for the first time through our wholesale network, but there's a major new benefit in that hospitals can purchase virtually the whole range of Pharmacia products from us at their specific hospital or contract price."

Phoenix laptop for web ordering

Phoenix has launched a laptop which offers customers remote ordering and web access through PDT lines. All customer information is log-in and password protected and auto-ordering may be done at pre-arranged times with the depots and through the web.

Customers who would like a demonstration can call Phoenix customer service on 01928 750500.

GIRP name change to reflect members

GIRP, the European Association of Pharmaceutical Wholesalers, has added the words 'Full-Line' to its title to emphasise its exclusive representation of full-line wholesalers. GIRP members supply over 130,000 retail pharmacies with over 80,000 products throughout Europe.

LJ Tressler Pharmacy in Tile Hill, Coventry, has become the 800th Moss Pharmacy branch. Laurence Tressler (left), is pictured with Chris Aylward, director of business development for Moss Pharmacy. With no other pharmacies within half a mile, the business has a secure prescription base and a strong community pharmacy offering, including initiatives such as prescription intervention programmes and blood pressure monitoring services. Chris Aylward said: "LJ Tressler Pharmacy provides a number of opportunities for us within this locality and we will be looking to expand on the excellent business offering already provided by Tressler"



Bayer faces new action as Baycol claims settled

Bayer Corporation has been hit by a lawsuit in connection with blood-clotting products manufactured during the 1980s as therapies for haemophilia. This comes just as another 100 Baycol-related claims have been settled.

The US subsidiary of Bayer AG denies misconduct in the marketing of these products, stating decisions were made on the best scientific information and

technology and were consistent with medical and scientific knowledge at the time.

Expressing sorrow to the haemophilia community over the devastating impact of HIV and AIDS, Bayer says it will defend itself vigorously in court.

To date, Bayer has settled 888 of the 9,400 pending Baycol claims, up from 785 last month. There are an estimated 1,600 serious claims.

Wella rebels defy P&G offer

A group of Wella preference shareholders are believed to have refused Procter & Gamble's offer for their shares.

According to the *Financial Times*, a group of shareholders advised by UK investment bank Close Brothers, have rebelled against the £45 a share offer, believing it to be discriminatory.

However, speaking ahead of the results of the P&G tender, due to be published on P&G's website on Friday (June 27), P&G chief financial officer Clayton Daley

warned such dissenters that Wella's current debts and liabilities could prevent P&G offering better dividends in the future. He said the company can implement its business plan for Wella, whatever the level of acceptances (*C&D*, June 7, p10).

Henkel, meanwhile, which acquired a 6.86 per cent stake in Wella just one week before P&G announced its takeover bid, has sold its shares to P&G.

For more information:
www.pg.com

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Lloydspharmacy advert criticised

A community pharmacist is claiming that Lloydspharmacy is making an "invidious comparison" with its slogan "your local health authority" in its latest television advert.

Mahendra Patel from Luton, "taken aback" when he heard the slogan, said: "Lloydspharmacy has made an invidious comparison. I cannot understand how Lloydspharmacy can distance themselves from fellow pharmacies by portraying an authority over the rest."

He has sent a letter of complaint to the Royal Pharmaceutical Society's head of ethics, David Preece, and to the Independent Television Commission.

However, Lloydspharmacy's superintendent pharmacist, Andy Murdock, replied:

"Lloydspharmacy has followed stringent approval processes required for its TV advertising.



Andy Murdock: "All the relevant organisations have been satisfied"

All the relevant organisations have been satisfied with and have approved the advertising features and the wording 'your local health authority'. This approval was obtained when Lloydspharmacy commenced television advertising in November 2001."

The RPSGB confirmed that it had received a letter of complaint from Mr Patel, which it added would be "dealt with at the earliest opportunity".



Volunteers from Canesten Consumer Care joined hundreds of other people in a five-mile Walk for Wellbeing around Battersea Park, London, last weekend. This year Canesten has sponsored the walks as a way of celebrating its 30th birthday and the launch of Canesten Oral

D'Arcy calls for clarity

NPA chief executive John D'Arcy has written to two government ministers about the OFT report.

In a letter to health minister Rosie Winterton he highlighted the "importance that the greatest care is taken to ensure that the Government's 'balanced package of measures' response to the OFT report is in the best interests of pharmacists and patients alike".

Mr D'Arcy has also asked DTI minister Patricia Hewitt, in light of the OFT report, to clarify which policy is being reviewed – competition or health – and for an explanation of the Government's decision to adopt a different approach in England, compared to Scotland, Wales and Northern Ireland.



Solpadeine Capsules, Solpadeine Soluble Tablets, Solpadeine Tablets **Presentation:** Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Hemihydrate Ph Eur 8 mg and Caffeine Ph Eur 30 mg. **Uses:** migraine, headache, backache, rheumatic pain, period pains, toothache, neuralgia, sore throat and feverishness, symptoms of colds and influenza. **Dosage and administration:** Adults and children, 12 years and over: Two capsules/tablets up to four times daily. Do not repeat at intervals of less than 4 hours. Not more than 8 capsules/tablets in 24 hours. Children under 12 years: Not recommended. Soluble tablets must be dissolved in water before taking. Do not exceed the stated dose. Do not take for more than 3 days without consulting a doctor. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other paracetamol-containing products. Avoid in pregnancy unless advised by a doctor. Not contraindicated in breast feeding. Sufferers from persistent headache should consult a doctor. Solpadeine Soluble: tablet contains 427 mg of sodium – caution with salt restricted diet. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness and drowsiness. **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** PCDI. **Product licence number:** Capsules: 007/00186, Soluble Tablets: 0071/5091, Tablets: 0071/0396. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 12 capsules £2.19, 24 capsules £3.99, 32 capsules £4.89, 2 soluble £2.39, 24 soluble £4.19, 60 soluble £7.55, 12 tablets £2.09, 24 tablets £3.89, 32 tablets £4.69. **Date of last revision:** Oct 2002. Solpadeine is a trademark. **TNS Counterpoint, MAT to December 2002, ¹IRI Data MAT Feb '03.**

NTA guide out

The National Treatment Agency for Substance Misuse has published guidance on the role that injectable heroin and methadone can play within treatment for long term heroin misusers who fail to benefit from current treatments.

For more information:

www.nta.nhs.uk

Mumps imports

Nearly 13,000 single mumps vaccines could have been imported into the UK during the first three months of this year, former health minister Hazel Blears said in Parliament this month.

Ms Blears said that the Medicines and Healthcare products Regulatory Agency received an average of 172 notifications to import unlicensed mumps vaccines per month during the first quarter of 2003, and that up to 25 single administrations can be imported per notification.

£100m drug waste

The value of unused medicines returned to pharmacies every year is estimated to be worth about £100 million, former health minister David Lammy said in Parliament.

Majority of GPs accept new contract

GPs have voted overwhelmingly to accept their new General Medical Services contract that will be in place next April.

Nearly 80 per cent of GPs, on a 70 per cent turn out, voted to accept an average salary of £80,000 in return for a change in working practices including:

- handing over responsibility for

out-of-hours services to PCOs

- opting out of certain services such as immunisation clinics or contraception

- offering special clinics to manage chronic conditions such as diabetes and asthma

- a change in the way money is allocated to practices.

Health secretary John Reid said:

"I am delighted that GPs have voted in favour of accepting their new contract. It is great they are willing to work with us in reforming and improving primary care in the NHS. Alongside these reforms will come a major increase in investment - up to 33 per cent over the next three years."

Multiple sclerosis scheme is treating 5,000 patients

Around 5,000 multiple sclerosis sufferers are now receiving treatment with a disease-modifying drug as part of the Government and pharmaceutical industry's risk-sharing scheme.

A further 300 new patients are being initiated into treatment each month, Baroness Andrews

said in Parliament.

The scheme has been criticised for failing to meet patient recruitment targets. But Baroness Andrews said the Government has asked strategic health authorities to adopt a "proactive role with their PCGs to meet their statutory responsibilities".

Statin costs are up

The average cost of prescribing statins has risen by nearly a third over the past year, former health minister David Lammy said.

In 2002, the average cost of prescribing statins by PCTs was £181,492, which represents a rise of 31 per cent over the equivalent figure for 2001.

SOLPADEINE



Throbbing headache, backache, period pain and even migraine. With the painkilling strength of codeine and paracetamol enhanced by the action of caffeine, your customers trust Solpadeine for powerful pain relief. In fact, 9 out of 10 people who buy it buy it again.¹

No wonder it's the UK's No.1 selling pharmacy-only pain reliever.²

Paracetamol, codeine, caffeine

POWER TO HIT PAIN WHERE IT HURTS.

Comment

from the Editor

In an alarming debate in Parliament, the Government has exposed once again its naivety about the practicalities of operating primary care health services. The case in point this time is original pack dispensing (OPD).

Junior health minister Melanie Johnson put over the Government's case on why it has not yet decided what to do with OPD, despite it having been a legal requirement since 1999. "We could impose standard pack sizes," she said, "but we do not see it as the Government's job to tell the pharmaceutical industry what pack sizes to make." No. Nor did it do anything to ensure the European Directive on medicines labelling and patient information leaflets was enforced. Nor has it taken the opportunity of the new GPs' contract to persuade doctors to prescribe in standardised quantities.

What it did do was brush the matter aside in 1997, tacitly approve of pharmacists having to break the law in supplying medicines without PILs, and then, last year, rather patronisingly "issue guidance reminding pharmacists of their obligation to provide patient information leaflets".

There was of course the one-off £500 payment to purchase a photocopier to copy PILs and the change in the law so pharmacists would not be in breach of copyright.

Why will the Government not agree policy when, as the NHS, it is the monopoly purchaser of medicines in the UK? The minister acknowledged that the pharmaceutical industry and pharmacy bodies want OPD, so her suggestion that the Government is still considering responses is not good enough.

What the new bunch of ministers in Richmond House need is a session in a busy dispensary to see how inappropriate having to snip blister packs really is – for pharmacists, dispensers and the public. Stop the dithering and take responsibility.

Why will the Government not agree policy when, as the NHS, it is the monopoly purchaser of medicines in the UK?

Your views

Please e-mail your views to chemdrug@cmpinformation.com

Don't underestimate PSNI's impact

I was disappointed with the views expressed in *N Ireland Notebook* (C&D June 7, p17). To suggest that PSNI should become part of the RPSGB, especially at a time when the benefits of devolution are becoming apparent, is simply ludicrous. Yes, PSNI is a small organisation and it does suffer from the benefits of scale but the value of a small organisation must not be underestimated and to judge PSNI solely on a lack of communication with the profession is gratuitous in the extreme.

I know only too well the range and complexity of the work done by the Society and given the staffing level – determined by income – this work output is considerable. I was proud to serve on Council for many years and applaud those who give the profession their

time and commitment.

Each committee's output is considerable. Take the education committee, which administers the pre-registration training year; trains tutors, administers the in-year appraisals and produces and delivers the registration examination and is also tackling CPD. The practice committee is central to tackling the practice developments such as supplementary prescribing etc.

It's easy to criticise from an armchair or distant dispensary. I would respectfully suggest that the practising pharmacist (or pharmacists) who contributes to this column would stop sniping from the sides, practice what he/she preaches and give some time to seeing if a better job can be done.

Terry Maguire
past president and fellow, PSNI.

IPMI congratulates Dr Hassell

May I, on behalf of IPMI, congratulate Dr Karren Hassell on her excellent work and the depth of her research on matters concerning the pharmacy workforce.

I have compared notes over recent years with Dr Hassell but would claim that the IPMI workforce survey, begun in 1991, was the first real attempt to look at pharmacist and pharmacy staff workforce issues with regards to community pharmacy.

The degree to which that work could be undertaken was always hampered by shortage of funds, with my own consultancy the sole sponsor.

Our official bodies, such as the Society and the NPA, were often encouraging, but I am afraid did not offer financial support to broaden the IPMI survey research.

Happily, the Society did at last offer some help to Dr Hassell a couple of years ago so that her research can now form the basis of future workforce planning.

In view of the proposals to register pharmacy technicians, it would certainly be necessary to add research into their numbers and education standards before very long.

Indeed, the latest IPMI survey could only find a few hundred, rather than upwards of 10,000, dispensing technicians suitably qualified in their community pharmacy role to be eligible for registration.

Are there any more budding researchers out there willing to seek support for that most necessary work?

Gerry Green
Lewes, East Sussex.

Reader REPLY

Hooray for the EU

Over the years *C&D* has, in general, been very supportive of herbal medicines and indeed of the basic principles of licensing, but not always at the same time.

Without doubt, there has been unruly behaviour outside licensing and once EU legislation is complete there will be proper control at last – we expect!

I must say I was pleased to see your article 'A powerful claim', (*Xrayser, June 7 p17*). Of course, claims are often excessive and probably illegal. Yet I wonder just how well pharmacists understand the effort made by some half dozen or so herbal companies to upgrade their documentation – at huge expense, in time for the 1990 review, and how most of these licenses are still very much available. A look at most retail displays, from Boots to the independents shows that higher priced, higher margin quasi-medicines actually rule the roost and hard won, science-based products, even though cheaper, are not the obvious first choice.

Tony Hampson, md
Potter's (Herbal Supplies) Ltd.

For he's a jolly good Fellow

Many pharmacists, after a lifetime's work, often putting themselves out for the benefit of patients, retire and have nothing to show for their efforts from their professional body. Unless you continue to press ahead with the CPPE courses, your name will be erased from the Register.

I suggest that after, say, 10 years of practice, a member ought to become a Fellow; after perhaps a minimum of 30 years practice – and the member has fully retired – the title Doctor should be bestowed on the pharmacist.

For our really illustrious members, the title of Professor should be given.

These titles would cost nothing and raise both the morale and profile of pharmacists, to show the world their true worth.

Michael Samson
Worthing, W Sussex.

TOPICAL REFLECTIONS

Costing the costs and compensation

I was grateful that I was not one of the 300 independent contractors who were asked to take part in last week's full cost survey into current costs of providing the NHS pharmaceutical service (*C&D, June 14, p5*). I can still remember the old cost enquiries when a time and motion man would record my every move and then allocate its significance to either my own private business or to the NHS.

That ludicrous system stopped when on-cost was unilaterally abolished by the Department of Health and the global sum was frozen in real terms. Since those far-off days, community pharmacy has seen many changes but, because of attrition with the

contract, it has become a lean, mean dispensing machine which, today, now retains very little slack and has delivered to the treasury a truly remarkable increase in productivity.

The DoH and PSNC have agreed this new full cost inquiry to produce a baseline cost for the new contract. It now suits the Department of Health's purpose to conduct such an inquiry, so the opportunity uniquely exists for PSNC to demand compensation for all those years of under-investment by the DoH in the community pharmacy infrastructure and negotiate a compensatory uplift to the final agreed cost figures.

Third person liability

I intervened the other day when Dotty had problems with a customer seeking advice for stomach pains. He had sent his wife to another pharmacy with symptoms of 'stomach pains'. The recommended Imodium Plus had been taken but with no effect, so for the second consultation he had come to see me in person.

This gentleman had recently started a slimming diet with a decrease in fat and carbohydrates and an increase in vegetables and fibre. "How about fluid?" I asked. "Oh, I don't like water but I have increased the amount of tea I drink".

From this point my advice became simple: increase fluids and decrease caffeine, with an

explanation of why, and no recommended medication. A few days later a rare event indeed, a patient who returned to thank me with a large box of chocolates for the girls.

In this scenario I made no sale but gained a loyal customer. The first pharmacy, however, deserves sympathy because from the limited third party information provided the recommended medication was appropriate.

'Consult your pharmacist' was an excellent campaign but it must now be amended to encourage the patient, rather than a third party, to consult the pharmacist. Doctors do not prescribe via third parties; neither, now, should we.



Figures not to be sneezed at

The hayfever season is now really under way and one of the year's best sellers is Benadryl, or to use its drug name, acrivastine.

Now, acrivastine used to be marketed for prescription use under the brand name of Semprex but has now been discontinued. However, I still receive prescriptions for acrivastine so I now have to dispense these using the Benadryl over the counter packs. By my estimation, based on the last listed price for Semprex and the list price of Benadryl, each one of these prescriptions costs the NHS at least three times the amount that it would have cost last year when Semprex was still available.

I also do not know whether acrivastine still enjoys patent protection or whether the national usage of Semprex actually justified its discontinuation. I know my local doctors favour its use but they may be unusual. If acrivastine is still under patent and its prescription usage was reasonable, why was Semprex discontinued? If its patent has expired why is there no generic equivalent for me to dispense or recommend over the counter?

So, suspicious dealings or simple low usage? I do not know the answer but what I do know is that during this year's hayfever season it is costing the NHS at least three times as much to treat patients using acrivastine as it did last year!

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Northern Ireland pharmacists will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education and Training.

Just complete the coupon and send it with a cheque for £25.00. Alternatively, call Mary Prebble on 01732 377269 with your credit card details. For further information, call Mary on the above number. Pharmacy Update is supported by Genus Pharmaceuticals.

Please register me on **Pharmacyupdate** for 2003.
I enclose a cheque for £25.00, made payable to CMP Information.

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☐ Tick this box if you are from Northern Ireland and registering under the NICCPET scheme

Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

In the first of two articles *Mary Allen* describes the symptoms and possible causes of Alzheimer's disease. Next week's article will look at drug treatment



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1274), in association with multiple choice questions being published in C&D July 5, provides one hour's continuing education

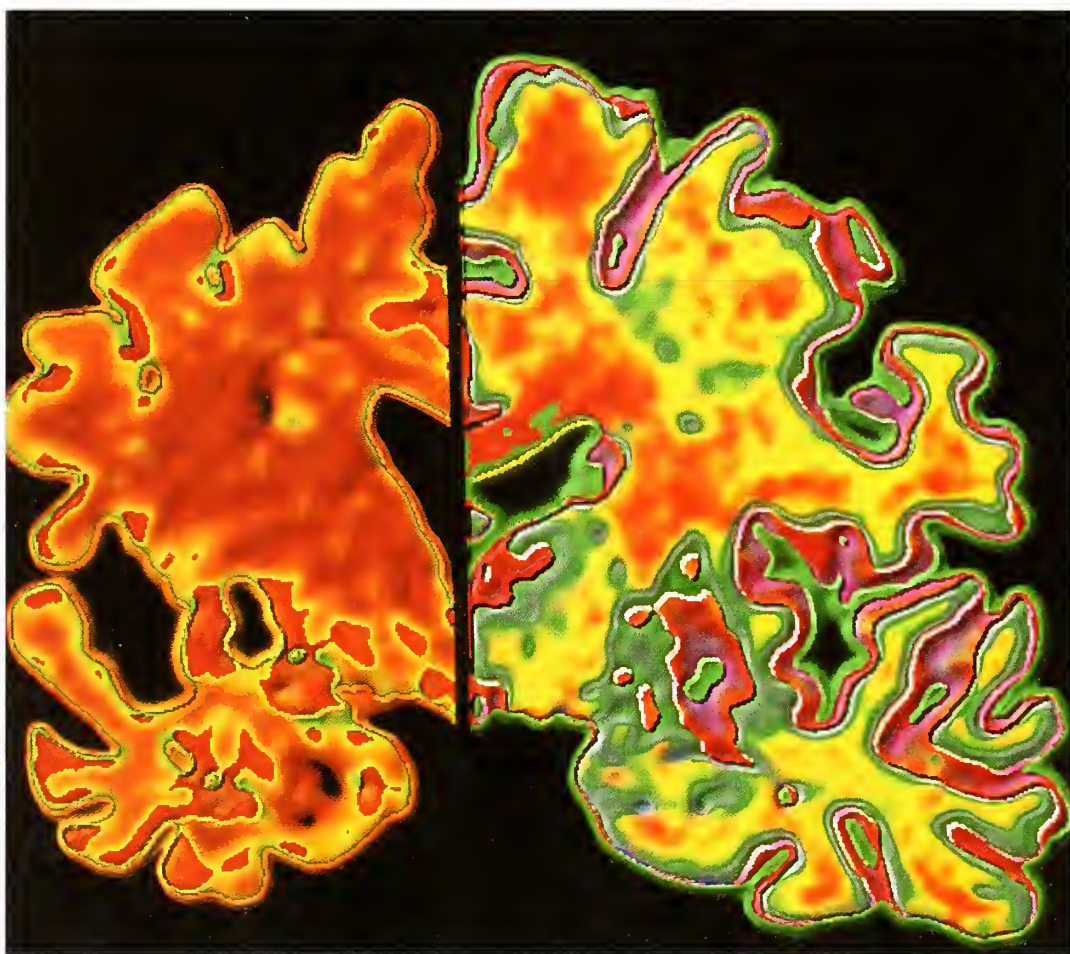
Alzheimer's disease, first described by the German neuropathologist Alois Alzheimer in 1907, is the commonest form of dementia seen in clinical practice. It presents insidiously, and there is no straightforward diagnostic test.

A diagnosis is usually made by excluding other conditions that might cause cognitive and functional impairment including infection, thyroid problems, brain tumours, the side effects of drugs, depression, and other forms of dementia.

AD presents with gradual but relentless decline in memory and other aspects of cognitive function, impairing activities of daily living. Personality changes may occur and patients may find it difficult to deal with complex tasks such as cooking a meal, or dealing with finances. Language problems may be apparent even in the early stages, involving difficulties in finding the right word, and fluency. Behavioural changes may occur later in the disease, as may loss of bladder and bowel control.

Dr Alzheimer's first post-mortem study was that of a female patient aged 51. He noted plaques, or deposits, scattered all over the brain, together with dense bundles, or tangles, of fibrils within brain cells, many of which had died.

The plaques consist of aggregates of beta-amyloid, a protein formed by many cells throughout life from a larger



Alzheimer's brain. Computer graphic of a vertical (coronal) slice through the brain of an Alzheimer patient (left) compared with a normal brain (right). Note the decrease in brain volume. Alzheimer's disease accounts for most cases of senile dementia and eventually leads to death

protein amyloid precursor protein (APP), which is broken down into smaller fragments. APP is found in the brain and other major organs, and appears to be abnormally processed in people with AD. The function of APP is not fully understood, but it may

play a role in intercellular communication.

Its metabolism occurs via two different pathways. The first produces a neuroprotective metabolite, while the second pathway produces insoluble beta-amyloid protein. So, while beta-

amyloid fragments are found in all people, it appears that there may be an imbalance in relative production in those who develop AD. Familial cases of AD have been associated with possible

Continued on page 18 ►

mutation in the APP gene on chromosome 21, which may affect the balance between amyloid and non-amyloid metabolism of APP.

The neurofibrillary tangles seen in Alzheimer's disease consist of thousands of entangled paired filaments of a protein called tau. Tau forms an essential part of the cell's skeleton, supporting cell shape and plays a vital role in intracellular transport.

However, the tau in Alzheimer tangles is abnormally hyperphosphorylated. The level of phosphorylation controls biological activity and hyperphosphorylated tau is unable to maintain the stability of the cytoskeleton, forming instead tangles of fibrils which eventually accumulate and burst the nerve cell.

A greater understanding of APP metabolism and of tau phosphorylation may provide opportunities for therapeutic intervention.

Proteins and dementias

There is increasing interest in certain proteins and their manufacture, and their significance in Alzheimer's and other dementias. While amyloid and tau are important in AD, other proteins seem significant in other dementias. Prion proteins are important in Creutzfeldt-Jakob disease (CJD), tau seems to have some significance in Pick's disease, and there is interest in a protein known as alpha-synuclein in dementia with Lewy bodies.

The size of cell proteins is significant. Small proteins (or peptides) are soluble and may be transported in the blood. Larger proteins may form pre-determined structures conferring specific biological properties. Proteins and peptides can become sticky and aggregate to form insoluble structures, and this ability appears to be significant in both AD in the formation of amyloid plaques, and in CJD where prion protein forms plaques.

Inflammatory response

The presence of dying nerve cells, neurofibrillary tangles and beta-amyloid plaques produces a chronic inflammatory response. In AD there is increased secretion of inflammatory mediators such as interleukin-1, which regulate the cyclo-oxygenase enzyme, COX-2. Anti-inflammatory drugs that inhibit COX-2 may therefore be of potential benefit in preventing or treating AD.



No single factor has been identified as a cause of Alzheimer's disease; it is thought that a number of factors are involved including age, genes and environmental factors

Some reports suggest that medium to long term use of NSAIDs such as ibuprofen or aspirin may lead to significantly reduced risk of developing AD, and that NSAIDs may prevent the deposition of plaques.

Neurotransmitters and AD

The processing of APP has been shown to be affected by a number of different neurotransmitters, in particular, muscarinic agonists (such as acetylcholine) that reduce the generation of beta-amyloid-containing metabolites. So, muscarinic agonists may potentially have a beneficial effect on disease progression.

Glutamate is another neurotransmitter that appears to have a significant effect in AD. Although the process is not yet fully understood, it is now thought that a wide variety of acute and chronic neurological disease may be mediated, at least in part, by a final common pathway of neuronal injury involving excessive stimulation of glutamate receptors.

The importance of neurotransmitter involvement provides scope for pharmacological intervention

(see the next article in this series next week).

Causes

At present, no single factor has been identified as a cause of Alzheimer's disease. It is more likely that a combination of factors is responsible, including age, genetic inheritance, environmental factors, diet and general overall health.

Age: increasing age is a robust risk factor for AD. However, this may be simply because the passage of time allows more time for faulty genes to express themselves, more time for exposure to environmental agents, and an increasing inability to repair cell damage. Any of these may be significant for the development of AD.

Genes: a genetic component of AD has long been recognised. There are a few families where there is clear inheritance of the disease from one generation to the next, and where this happens it is usually associated with early-onset AD. In the vast majority of cases, genetic inheritance seems less significant and AD is probably a multifactorial disorder involving genetic disposition affected by environmental influences

and other modulatory factors.

Currently there is interest in apolipoprotein E, a plasma protein involved in lipid transport and metabolism, and which may represent a genetically-determined risk factor for AD. It is associated with a gene on chromosome 19, and occurs in three forms: apo-E2, apo-E3 and apo-E4. These differ in their binding capacity and these differences can result in lipid and lipoprotein disturbances. Apo-E4 is also thought to have a higher binding capacity to beta-amyloid. Apo-E4 is associated both with hypercholesterolaemia and with increased risk of developing AD (see below).

Forty per cent of people with dementia carry the E4 variant, compared with 15 per cent of the general population. However, many people with AD do not have apo-E4, suggesting that it is a susceptibility gene rather a causal one. Other work is looking at chromosomes 10, 12 and 21.

Hypercholesterolaemia: over a decade ago a study showed that 70 per cent of people who died of heart disease also had high concentrations of amyloid plaques in their brains, suggesting a link between high levels of cholesterol and AD.

This link has been confirmed by several further studies. Animal studies suggest that a high cholesterol diet leads to increased plaques and other signs of AD pathology, reversed by a return to a low cholesterol diet. High cholesterol levels appear to increase the levels of APP, in turn leading to increased levels of beta-amyloid protein.

Cholesterol levels may alter the balance between three enzymes known as the secretases, (alpha, beta and gamma forms). Gamma-secretase is known to be involved in the production of beta-amyloid and plaque formation.

High cholesterol levels are thought to increase the production of apolipoprotein E, which is involved in the transport of cholesterol out of cells. Too much Apo-E leads to the accumulation of free cholesterol, which is neurotoxic.

Studies suggest that people with cholesterol levels above 6.5 in mid-life more than double their risk of developing AD in later life. Researchers are now trying to determine whether the lipid-lowering statin drugs can reduce the risk of AD.

Two major studies in the UK and USA so far suggest that treatment with statins could



Dietary measures to increase the intake of vitamins B12, B6 and folate, as found in green vegetables and meat, may help to reduce risk of Alzheimer's

reduce the risk of AD by up to 70 per cent.

One of these studies (*Lancet* 2000; 356: 1627-31) used the General Practice Research Database to identify patients diagnosed with dementia in groups who had received lipid lowering agents and a group with untreated hyperlipidaemia.

Patients prescribed statins had a substantially reduced risk of developing dementia. Although each case was matched with controls, the authors say the reduced risk could be caused by some other characteristics of the statin recipients that were not measured in the study but, in view of the potential impact, further research is urgently needed.

Hypertension: several studies have shown that hypertension in middle age increases the risk of dementia in later life. A Finnish study showed that people with high blood pressure had 2.5 times the risk of developing dementia. As yet, it is not clear whether the hypertensive effect acts directly or indirectly.

Vascular dementia, occurring as a result of a series of minor strokes, clearly results from vascular problems, but research is showing that vascular factors are also important in AD. Clearly, modifiable lifestyle factors may be

as important for AD as they are for cardiovascular disease.

Head injury: boxers receiving continual blows to the head are known to be at increased risk of developing AD, as are people who have suffered severe head or whiplash injuries.

Increased beta-amyloid deposition has been seen to occur in head injury, and some scientists think that APP may be a stress protein, with increased levels occurring as a normal response to injury.

Environmental factors: other environmental factors that add to risk of developing AD are as yet unidentified. At one time, exposure to aluminium was considered to be a factor but this has largely been discounted. **Other factors:** these include smoking, hypothyroidism, Down's syndrome, depression,

and Parkinson's disease. Other possibilities include epilepsy, viral infections and alcohol. A low intake of B vitamins, including folate and vitamins B12 and B6, seems to be a risk factor for AD. It is probable that deficiencies of these vitamins allow an increase in levels of homocysteine, an amino-acid also known to be associated with heart disease.

Pharmacy Update Measures

Ways to reduce the risk of AD seem to include similar lifestyle measures as for many other diseases including heart-related disorders. Preventing or reducing high blood pressure and hypercholesterolaemia seems significant. Dietary measures to increase the intake of vitamins B12, B6 and folate should help to reduce risk, together with minimising exposure to risk factors such as head injury and smoking.

Antioxidants such as vitamin E may help reduce risk. Several projects seem to indicate the beneficial effects of ginkgo biloba, particularly on memory and concentration. It is thought to act as a vasodilator and to have an antioxidant effect.

Sage: has long been valued as a herbal remedy for memory and has recently been found to contain a substance which acts as a cholinesterase inhibitor. It may also have antioxidant and anti-inflammatory effects.

Therapeutic Potential

New research published in *Neuron*, Vol 38, May 2003, indicates the possibility of a therapeutic vaccine for AD. The study tested whether antibodies against beta-amyloid are effective in slowing progression of the disease, assessing cognitive functions in 30 patients who

received a prime and a booster immunisation over a one-year period in a placebo-controlled, randomised trial.

Twenty patients were found to generate antibodies against beta-amyloid, and showed significantly slower rates of decline of cognitive functions and activities of daily living, as indicated by the Mini Mental State Examination and other assessment tests, compared with patients without such antibodies. This suggests that antibodies against beta-amyloid plaques can slow cognitive decline in patients with AD.

Actionplan

1. Think about the overt changes which occur with patients suffering from Alzheimer's disease. List these in your practice workbook. How are these changes different from those which occur in the elderly without any dementia?
2. Do you know any patients/friends/relatives who have Alzheimer's disease? What symptoms do they show? How has it affected their life?
3. List the suggested risk factors for Alzheimer's disease in your practice workbook. Which may be controlled by the patient? What advice can you give patients who are in the early stage of the disease? Is there any advice you can offer all your patients to reduce the risk of their developing Alzheimer's disease?
4. Find out if the symptoms of Creutzfeldt-Jakob disease differ from those of Alzheimer's disease. Find out more about prions.
5. In the past (less so today) patients took aspirin daily without any real reason. Consider if the increase in Alzheimer's disease is related to the reduction in the number of such people. Link this to the concept of taking ibuprofen as a prophylactic against Alzheimer's disease. Any views?

Alzheimer's Awareness Week (July 6-12) takes the theme 'Mind your head', concentrating on preventative measures
www.alzheimers.org.uk

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 5 issue, which will cover this week's CPP-accredited modules together with those in the June 7 and 14 issues. These will cover:

- Polycystic ovarian syndrome (1272)
- Foetal development part 2 (1273)
- Alzheimer's part 1 (1274).

A telephone marking service offers independent verification of results - details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.



in association with



GENUS PHARMACEUTICALS



Frontshop

A new head of hair in a can

Harmony is launching a new range of hair products, Harmony Hi-SHIMMER, a spray on colourant, which "glamorises hair with colour in an instant".

The 125ml sprays, which can be brushed or washed out, come in three shades: Copper Fleck; Blueberry Fleck; and Gold Fleck. Available in pharmacies from August, the products are being promoted to consumer magazines at the moment and samples will be sent to the national press at the end of July to raise awareness.

The company believes that the spray colourant will introduce a new category to the market, sitting between hair colourants and hair styling products.

Details of stockists are available



on 01252 533349.

Price: £2.99

Pack size: 125ml

Jenks Sales Brokers

Tel: 01844 295900.

Weleda goes wild

Weleda is launching a Wild Rose facial skincare range comprising eight vegetarian and three vegetarian/vegan products designed to offer a complete intensive skincare regime.

Based on oil of Rosa mosqueta, almond, evening primrose, jojoba, peach, mallow, equisetum and myrrh, the range includes cleansing lotion, day cream, facial toner, intensive eye cream, intensive facial masque, intensive facial oil, moisture cream and night cream.

Prices: £6.50-£9.80

Pip code: (see Price List supplement June 28).

Pack sizes: 10ml-100ml

Weleda UK, tel: 0115 944 8200.

Skin like cashmere

L'Oreal Paris will launch a liquid foundation designed to allow women to create an ideal base for make-up without powder.

Cashmere Perfect "melts into the complexion before transforming to a matte powder finish". Available in five shades, it combines a long-lasting 12-hour hold with smooth application and a continuous mattifying action called Quick Break Anhydrous technology. This should leave the skin "feeling twice as soft and as sensuous as cashmere".

Price: £10.49

L'Oreal Group UK

Tel: 020 8762 4000

www.lorealparis.com

Deep skin diving

Two national television advertising campaigns for Eumovate Eczema and Dermatitis Cream and Eumobase will air from July 1 for two months.

The £500,000 campaigns will feature the existing Eumovate advert - 'The Voice' - and a brand new 20-second extension to support Eumobase, called 'Freedive'. The television campaign follows on from the £75,000 radio campaign in June focusing on the "irritating little voice"



from the Eumovate ad.

For more information:

GlaxoSmithKline Consumer Healthcare

Tel: 0800 100 9997.

A second dose of Caligig

A second burst of television advertising for Caligig will run from June 30 on Channel 4. The advert will target directly the 'Caligig consumer' - women aged 45 plus - during daytime programmes such as *Countdown* and *Pet Rescue*. It will run until mid October.

The first wave of advertising, earlier in the year, saw sales of Caligig rise 69 per cent, according

to Kate Addison, UK and international marketing manager for Seven Seas. "Our advertising strategy is building brand awareness, which will ensure that Caligig remains the fastest growing laxative."

For more information:

Merck Consumer Health Products c/o Seven Seas Ltd

Tel: 01482 375234.



Kodak spreads the word

Kodak is to promote its Kodak Pictures service to the public in a magazine campaign this August.

Encouraging the public to take their digital camera images to Kodak Pictures dealers to have prints made of them, the press

campaign will run in the September issues of photography titles, men's and women's interest magazines, weekend supplements and weeklies such as *Radio Times*.

For more information:

Tel: 01442 844196.

TVnext week

Accu-Chek Advantage blood glucose meter: C4

Accu-Chek Compact blood glucose meter: C5, GMTV, Sat

Aqua Ban: GMTV

Benadryl: All areas except C4, C5, GMTV

Caligig: C4

Canesten Oral: All areas except CTV

Eumovate/Eumobase: All areas

Flixonase: All areas except U, CTV, GMTV

Germoloids: All areas except C, A, CTV, M, LWT, CAR

Lamisil: All areas except GTV, U, B, CTV GMTV

Listerine: All areas

Lloydspharmacy Solero Suncare range: All areas except U, LWT, CAR, GMTV

Piriteze: All areas except U, CTV, GMTV

Piriton: All areas except U, CTV, GMTV

Pro Plus: C4, C5,

Rennie Soft Chews: All areas

Ribena: All areas except U, CTV, GMTV

Ribena Toothkind: All areas except U, CTV, C4, C5, GMTV

Solpadeine: Sat

Tena lady & Tena pants Discreet: All areas except U, GMTV

Vagisil: STV

PharmaSite for next week: Voltarol - window, Hayfever Care range - in-store, Canesten oral - dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

'Direct Care' pilot success is to spread

A number of important initiatives being undertaken by Scottish community pharmacists were described to delegates attending the third annual Local Health Care Co-operative Conference organised by the Royal Pharmaceutical Society in Scotland in Dunblane on June 14. Dr Steven Kayne reports

Around 12,000 patients who are exempt from prescription charges have now registered with pharmacies on the *Direct Care at the Chemist* scheme being piloted both in parts of the Tayside and Ayrshire and Arran PCT areas.

Ken Penman, project manager, Tayside PCT, reported that the scheme allows patients in both areas to obtain treatment for a range of conditions under the NHS without having to attend GP surgeries. Of the 400 consultations per month in the Angus LHCC area within his PCT, some 92 per cent had resulted in the pharmacist prescribing medication. About 2 per cent of patients received advice only and a further 5 per cent were referred to their GP. The scheme was proving very successful and the pilot was to be extended to Perth and Kinross and Dundee, with a national rollout planned for 2005.

As part of the 'Have a Heart' project to improve cardiac health in Paisley, community pharmacists were involved in successful quit smoking and healthy eating campaigns, said Christine Alford (Paisley LHCC).

Liz Grant (public health pharmacist, Greater Glasgow



Left: Ken Penman, a member of the Right Medicine Implementation Team (right) and David Thomson (chairman of the Scottish executive RPSiS) showing a poster advertising the *Direct Care at the Chemist* scheme
Below: Ken with Alison Strath, principal pharmacist, Scottish Executive

Health Board) said there were several potential roles for pharmacy intervention in diabetic care. Of 750 patients recruited for a blood glucose screening feasibility study from 12 pharmacies in Glasgow, 13 were found to have blood glucose levels in excess of 11.1mmol/l and were referred to their GP.

Keynote speaker was Terry Findlay, divisional general manager primary care, Greater Glasgow Health Board. He told delegates that legislation was currently being prepared to support the development of Community Health Partnerships (CHPs) proposed in the White Paper 'Partnership for Care', launched by the Scottish Health Minister Malcolm Chisholm earlier this year. These bodies were designed to bring together health professionals at a local level to work with community planning partners to promote good health.

Lucy McCloughlan, Scottish School of Primary Care, Edinburgh, said that the School was anxious to promote practice research among pharmacists because there was a synergistic relationship between development and research and could offer access to a number of resources.

Alison Strath (RMIT Scottish Executive) gave an overview of policy development at the Scottish Executive. Important areas for policy development included



pharmaceutical care programmes (including the management of repeat prescribing), supplementary prescribing and electronic pharmacy, the aim of which was to establish access to the NHSnet and information transfer throughout the healthcare team.

Closing the conference, Ashgar Mohammed (chair Paisley LHCC) said that the future for pharmacy was extremely "bright". "We should view the 60 action points in the Scottish Health Plan as opportunities for us to become even more involved in improving the nation's health," he said.



Ashgar Mohammed

Pharmacists reject Charter modernisation

The RPSGB's plans to update its Charter and regulatory function are not convincing pharmacists, according to the latest *C&D* Quarterly Business Trends survey

Results from *C&D*'s Q1 2003 survey show the majority of the 149 pharmacists polled on the RPSGB's planned revision of its Charter held a negative view, with 38 per cent unsure of the need for a new Charter, 36 per cent not convinced and only 26 per cent responding positively.

Fifty six per cent were unsure if they were generally supportive of the draft Charter, 25 per cent were not supportive and 19 per cent supported it.

When asked to rate the RPSGB in terms of communicating its modernisation process to members, the majority thought it was fair, 28 per cent rated it as poor and 18 per cent as very poor. Only 12 per cent thought it was good and 1 per cent rated it as excellent.

Following the launch of *CoMedis.com* by OTC manufacturers to allow online transfer ordering and direct manufacturer-pharmacist communications, the survey showed only 2 per cent of the panel have registered and

none had placed any orders.

Respondents were asked what value they place on tailored communications from manufacturers via the internet. The majority placed low or no value upon such communications, (65 per cent), only 28 per cent thought these were fair value and only five per cent placed high value on them.

Meanwhile, with GPs considering a new contract giving other health professions the opportunity to provide additional services, the panel was asked if they would like to take on services that have traditionally been carried out by the GP or at a GP surgery. Sixty eight per cent were keen, 24 per cent were unsure and only 7 per cent were not at all keen.

Important factors to convince respondents to take on additional services were whether they would provide an extra income stream (70 per cent), staffing levels/pharmacist availability (42 per cent), and training and support from professional bodies, wholesalers or other sources (38 per cent). Perceived as less important were local need (28 per cent), and the pharmacy premises (13 per cent).

Following government proposals to train pharmacists as supplemental prescribers, 67 per cent were keen and 26 per cent were not sure. Only 7 per cent said no.

Three quarters of the panel felt pharmacist prescribing will improve patient compliance and the majority (86 per cent) felt it would reduce drug wastage. When looking at patient safety, 75 per cent believed pharmacist prescribing would improve this, 18 per cent are unsure and 7 per cent said it will not be improved. Most of the panel said pharmacist



prescribing will free up GP's time (83 per cent) with only 10 per cent unsure and 7 per cent saying this would not be the case.

The panel were asked if they had heard about the *Ask about medicines* campaign to run in October and 71 per cent had not. The majority felt it was a good idea (81 per cent) and would like to participate.

Pharmacists were asked to choose those activities they thought appropriate for pharmacies. Medicines management came out top with 92 per cent, followed by medicines amnesties/DUMP campaigns (68 per cent), brown bag reviews (50 per cent), leaflet/information

provision (48 per cent), care home visits (36 per cent), window display (22 per cent), holding/attending local patient support group meetings (16 per cent), local press activity (14 per cent) and school visits (9 per cent).

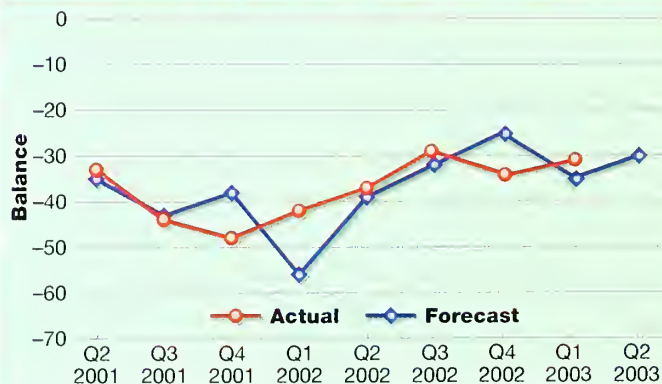
When asked what they would be prepared to participate in, the figures and the order change a little: medicines management is still top with 90 per cent, followed by medicines amnesties/DUMP campaigns (83 per cent), leaflet/information provision (74 per cent), brown bag reviews (63 per cent), window display (56 per cent), care home visits (50 per cent), holding/attending local patient support group meetings

Chemist & Druggist
Quarterly Business
Trends survey in
association with



UniChem
Delivering Healthcare

Actual vs forecast trends in margins





The feelings of pharmacists attending the RPSGB's special general meeting on June 1 were reflected by our survey, with three quarters of respondents unsure of either the Society's current plans or the need for a new Charter at all. Only 13 per cent thought the Society was doing a good job of communicating with its members

(38 per cent), local press activity (28 per cent) and school visits (26 per cent).

Over a third of the panel (37 per cent) recorded an increase in sales turnover, excluding NHS prescriptions. Forty two per cent recorded no change and only 20 per cent showed a reduction in turnover. Actual turnover for quarter one was higher than forecast with a positive balance of 17 per cent.

Expectations for the next three months were slightly lower, with 48 per cent of pharmacies anticipating a similar sales turnover, and only 30 per cent expecting an increase.

The majority of the panel (86 per cent) expects the volume of NHS prescriptions to increase or remain constant during the next quarter.

Over a third of the panel (39 per cent) recorded a decrease in their sales margins compared to the same period last year, and only 8 per cent experienced an increase in sales margins.

Sales of OTC medicines rose, with 42 per cent of the panel witnessing an increase compared to the same period in 2002.

Only four product categories are anticipated to record a positive balance in the next quarter: OTC medicines, analgesics, indigestion/stomach upsets and

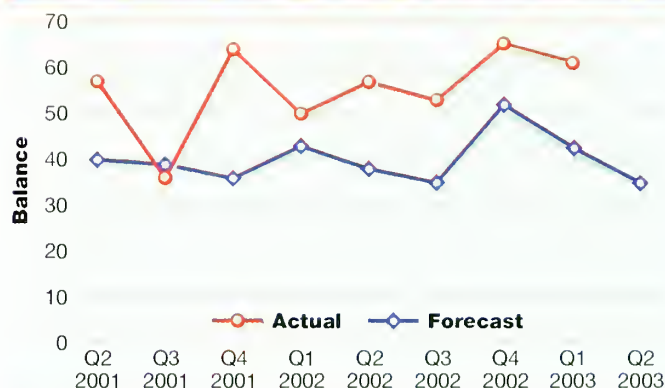
photo processing. Just 28 per cent of pharmacists are optimistic about their own business prospects over the next three months, and they become more pessimistic about it in the longer term.

Nearly 50 per cent are pessimistic about the fortunes of the retail pharmacy sector in the short, medium and long term. They are no more optimistic about the fortunes of the retail sector as a whole, with only 7 per cent optimistic about the next three months, resulting in a negative balance of -41 per cent. This does not change for the better when looking at the next 12 months.

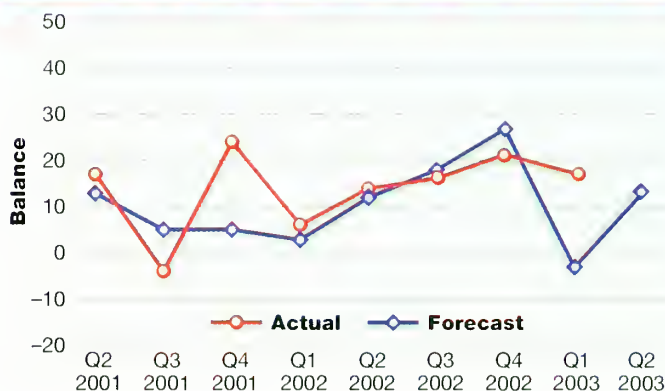
The panel

- Out of the 500 panel members, 149 responded to this survey.
- Sixty seven per cent work in a one-shop independent outlet, 17 per cent in a multiple with 2-5 outlets, 7 per cent in a multiple with 6-20 outlets and 8 per cent in a multiple with more than 20 outlets.
- Forty nine per cent have an annual sales turnover of between £500,001 and £999,999, 20 per cent between £350,001 and £500,000, 9 per cent less than £350,000 and 17 per cent between £1 million and £2m.

Actual vs forecast trends in volume of NHS prescriptions



Actual vs forecast trends in sales turnover



UniChem
Delivering Healthcare

The sky's the limit

In the first of a two-part series, Anne Hutchings says there are genuine tax savings to be made by becoming a limited company

There has been a lot of publicity in the last couple of years about businesses benefiting from changing their trading structure from a sole trader or partnership to a limited company. Many of the pharmacists I speak to are unsure about whether a company structure can really save them tax and whether it will be worthwhile for them to incorporate their business. In this series of articles I aim to demonstrate that there are real and genuine tax savings to be had.

The difference in tax rates

A tax saving can be achieved by using a limited company because of the difference in tax rates for individuals and companies. In addition, national insurance for the self-employed can be as high as £1,910, whereas this can sometimes be totally avoided in a limited company.

Comparison of tax rates for 2002/2003

Individual

First £1,920 taxed at **10 per cent**
Next £27,980 taxed at **22 per cent**
Over £29,900 taxed at **40 per cent**
Dividends basic rate taxpayers **10 per cent**
Dividends higher rate tax payers **32.5 per cent**

Company

First £10,000 **0 per cent**
Next £40,000 **23.75 per cent**
Next £250,000 **19 per cent**
Next £1,200,000 **32.75 per cent**
Over £1,500,000 **30 per cent**

In summary, individuals with profits over £29,900 (after deducting any personal allowances) will pay tax at 40 per cent, whereas a company can have a profit of up to £300,000 with an average tax rate of only 19 per cent. By running the business through a company and only drawing out income up to the higher rate tax limit, a pharmacist can make a substantial tax saving.

There are two problems with this. Firstly, if pharmacists pay themselves a salary from the company, this will be liable to employees and employers national insurance which will largely erode the tax savings. Secondly, many pharmacists will wish to draw out most of their profits, putting themselves back into the 40 per cent tax bracket, again eroding much of the potential tax savings.

Overcoming the problems

National Insurance: this can be avoided completely by paying a low salary and taking the balance in the form of dividends. For example, a salary of around £4,600 will use up the pharmacists' personal tax allowance, so no tax will be payable on this and it will be just under the national insurance limit. Dividends are not liable to national insurance. This simple structure allows pharmacists to draw substantial sums out of their companies without incurring any national insurance contributions. Where pharmacists are making pension contributions it may be necessary to vary the salary level to justify the pension contributions and professional advice should be sought so that the optimum figures can be calculated.

Drawing out the profits

Pharmacists wishing to draw out most of the company profits may consider making a spouse and/or other family members shareholders in the company. This way they can also receive dividends. For this to be effective the shareholders' other taxable income needs to be fairly low. In addition, anyone assisting in the business can have a salary. For example, a pharmacist has a spouse who has no taxable income. The spouse helps out in the shop occasionally, makes some deliveries, or perhaps does the book-keeping. It should not be too difficult to justify a salary of around £4,600 per annum (just under the tax threshold); in addition they could receive a dividend of around £26,900 without paying a penny in tax or national insurance. When this is added to similar amounts which the pharmacist can draw out of the business the total comes to £63,000.

An example of how this works and the tax position of the company is as follows: Mr Jacobs' pharmacy has a taxable profit of £70,000 for the year ended 31/3/2003. His wife helps in the shop part-time but has not received any payment.

As a sole trader Mr Jacobs' tax bill would be:

Tax	£20,540
National insurance	£1,910
Total	£22,450

If he had paid his wife a salary of £4,600, his tax

bill would be reduced by £4,600 x 40 per cent	(£1,840)
Net tax	£20,610
Net income after tax	£49,390

If instead, Mr Jacobs was trading through a limited company with his wife as a shareholder his tax position would be:

Company profits	£70,000
Less salaries for Mr Jacobs and his wife £4,600 x 2	(£9,200)
Taxable profit	£60,800
Less corporation tax at 19 per cent	(£11,552)
Cash dividend to Mr & Mrs Jacobs	£49,248

Individual's personal tax position:

Mr & Mrs Jacobs' salaries (under the tax threshold)	£ 9,200
Dividends – these are treated as being paid after deduction of 10 per cent (although the company doesn't have to actually pay this tax)	£49,248
Net income after tax	£58,448
Deduct net income as a sole trader	(£49,390)
Tax saving achieved by limited company	£ 9,058

This type of tax saving can be repeated each year.

Incorporation

There are a number of ways in which a pharmacy can be transferred to a company. There are two big tax issues, which are capital gains tax and stamp duty. The business can be incorporated without incurring either of these. However, in the last year it has become popular to sell the business to the company and incur some capital gains tax. The reason is that it is now possible to sell business assets which have been owned for two years or more and pay capital gains tax at a rate of just 10 per cent. In this article I am going to focus on this particular method.

The main pharmacy asset is normally goodwill and this can now be sold without stamp duty, which just leaves the capital gains issue. It can make sense to pay a little capital gains tax in exchange for accumulating a substantial directors loan account in the company.

This is how it works:

Goodwill market value	£300,000
Bought originally for	£50,000
Capital gain	£250,000
Capital gains tax	£ 25,000

The £300,000 value is transferred to the pharmacists' directors account in the company, which means that the company owes him that amount of money. In exchange for the tax payment of £25,000, the £300,000 can be withdrawn (cash flow permitting) at any time without the pharmacist incurring any further tax liabilities. The pharmacist may choose to draw the money over a period of years to supplement his annual salary and dividends and so avoid tax at 40 per cent. The company will be treated as having paid £300,000 for the goodwill and this will be allowed against any subsequent gain the company makes if it sells the goodwill. The company profits are taxed in the normal way, ie ignoring the cost of the goodwill. Having said this, it is now sometimes possible to get a tax deduction for goodwill spread over a number of years and I will be covering this in my next article.

Other items which can be added to the directors' account are the values for fixtures, fittings and equipment. Motor vehicles are a big issue which will be covered in the next article but generally

it can be better to keep these outside the company.

Property: where the freehold premises are owned by the pharmacist I generally advise keeping this outside the company. The reasons for this are stamp duty and flexibility. If the premises remain in the personal ownership of the pharmacist the company can pay a rent to him or her. This could be useful if the Government ever clamps down on the dividend route for extracting money cheaply from the company. In addition, if the company is sold in the future the pharmacist may want to retain the property as a source of future rental income.

As always these are only guidelines and professional advice must be sought before taking any action.

In my next article I will examine the write off for goodwill when acquiring a business, the tax issues on company cars, tax efficient company benefits and the tax position when the business is sold. ☺

Anne Hutchings is a specialist accountant and tax consultant for retail pharmacists. She can be contacted on 01494 722224 or www.pharmacyexperts.com

Money matters

Q I have worked for the same company for nearly 30 years and have built up about £90,000 in the company's share save schemes. Most of these have been PEPs or put in ISAs to avoid tax. I feel uncomfortable having so much invested in one company. Am I better to sell some and invest in other areas or stay where I am for the tax advantages?

HL

A Sheltering investments in PEPs and ISAs is important for both income tax and capital gains tax reasons. However, you are right to be concerned about investing too much of your money in one share, however good the company may seem. The good news is that you can have your cake and eat it.

While new PEPs cannot be taken out, you are allowed to transfer existing ones to a new provider, and recent legislation also includes the old single company PEPs as well as general ones.

This means that you can continue to shelter the assets from the tax man, provided the money is transferred directly to the new provider. I suggest you spread

some of the risk by switching some funds into general PEPs so that rather than having all your money in one share, you choose perhaps a unit trust fund which may invest in 50 or 60 different shares. A free factsheet on PEP transfers is available by ringing 0800 544 644.

Q I recently increased my mortgage by £40,000. We took out life insurance for the extra money but looking in the papers a few weeks ago I noticed that the example costs for a couple of similar ages was nearly £200 a year less. Do the building societies have to find you the cheapest policy or am I stuck with whatever they offer?

VS

A This will depend on whether your lender is a representative of one insurance company or has independent status. If they are a representative of just one company then it really is pot luck as to whether that company is competitive for life insurance or not. It is well worth investigating because the difference in premiums can be over 100 per cent in

some cases. Unfortunately there are very few lenders that offer independent financial advice, but you should be able to replace the cover you have with another plan without any penalty. If you do replace the cover, then make sure the new policy starts before you stop the old one just in case!

I can send you details of our free "Check A Quote" service which will show you if you can save money on your life cover. Other readers can obtain a copy by ringing 0800 544 644.

Q I am being made redundant in a few weeks' time and will be taking my pension early as I am now 59 and realistic prospects for a new career are somewhat limited. If I take the extra cash with a lower pension I will have a total lump sum of around £42,000. I would like some ideas on what I should be doing with it.

CM

A Many people approaching or reaching retirement find themselves in your situation and simply end up baffled by all the different products on offer.

When you stop working your

needs change and in your case any decisions you make now will affect the rest of your life. By speaking to an adviser it will help clarify what you want out of your money, be it providing an extra income to top up your pension or investing it for capital growth.

It isn't a case of being "sold" a product or two, but finding out your individual circumstances and designing a portfolio to meet those needs in the most tax efficient way. Getting to grips with all the jargon can be a headache as well, but a good adviser should explain things in easy to understand terms.

Because everyone's situation is different, there is no black and white solution so getting help is very important. I am sending you a factsheet on redundancy financial planning. Readers can ring 0800 544 644 for a copy.

John Cooper is an independent financial advisor with Weston Financial Group Ltd, which is authorised by the Financial Services Authority. Answers given are for general guidance only and specific advice should be taken before acting on any of the suggestions made. Past performance is not necessarily a guide to the future.

As beauty knows no ethnic boundary, neither does the desire to enhance it with cosmetics. In fact, black women are prepared to spend more money on their looks than the average woman in the UK, according to Mintel. Research also shows that cosmetics are particularly important to Asian and Arab women, who like to achieve a very defined look that is more make-up intense than the one favoured by their Caucasian counterparts.

Recent statistics estimate that the ethnic minority population in the UK is approximately five million and growing as we become a more multi-cultural society. Yet, despite the steadily increasing number of potential customers, with a strengthening level of disposable income, the UK ethnic beauty market is still in its infancy.

According to Euromonitor, brands are primarily targeted at people of African origin, including Afro-Caribbeans, who made up around 2.2 per cent of the total UK population in 2000. But a significant proportion of the total ethnic population in the UK comprises people of South Asian origin (primarily from India and Pakistan), who account for around 3.4 per cent of the total UK population. Euromonitor reports: "Any specific needs of consumers in this potential target group are largely met by some purchasing of certain Afro brands and very restricted availability of a few imported brands from India."

Ethnic minority communities in the UK are highly

department stores centred in areas of high black population. Women with darker skins often complain that even though the products exist, they are hard to find in the local high street. Black Like Me describes the current UK retail distribution of haircare products specific to very curly hair as 'limited and regional'.

The company's research shows that many consumers would welcome the opportunity to buy afro haircare products in local pharmacies instead of having to travel to other areas or use products which don't fully meet their needs.

Mintel believes that independent chemists are in a strong position to respond to localised consumer demand for ethnic beauty products. However, only a small proportion of pharmacies stock specific ethnic beauty brands, according to a new online survey conducted by IntraPharm exclusively for *C&D*. Only 12 per cent of the pharmacist respondents to the survey say they sell specific

Face value

As the UK becomes more multicultural, Sarah Thackray investigates whether ethnic beauty is still a niche market

concentrated in a few centres of population, with some 49 per cent living in the London area and a further 13 per cent in the West Midlands. Euromonitor says that most purchasing in this market is in the haircare sector, which accounted for some 62 per cent of total sales in 2001.

Haircare sales are driven by the requirements of Afro-Caribbean and Black African consumers. Because of the specific genetic make-up of curly hair, which requires daily maintenance and care to help prevent frizz and dryness, consumers with Afro hair often spend up to four times more on haircare products than their counterparts with naturally straight hair. Growing consumer awareness of the potentially damaging effects of repeated use of chemical relaxers/straighteners on the hair has prompted sales growth in 'maintenance' products like dressings and conditioners. Styling products also form an important part of the UK ethnic haircare sector, reflecting a heightened interest amongst consumers in varying the style in which their hair is dressed.

Limited availability

Ethnic cosmetics and toiletries are primarily sold through specialist ethnic beauty retailers or hairdressing salons. There is limited availability of products in mainstream distribution channels with the exception of some

beauty brands for women with darker skin tones, yet 24 per cent of respondents think there is a demand for ethnic beauty products in their pharmacy. In addition, 35 per cent of pharmacists who don't stock these products say they would consider doing so in the future, according to the survey.

EX1 Cosmetics' research shows there is a definite demand for ethnic beauty products in the UK. The start-up company believes that while the Western market is saturated, the ethnic beauty sector still remains untapped. They estimate that the total number of potential ethnic beauty purchasers in the UK (women over 16) is £1.14 million.

The company has identified the number of target purchasers in different regions around the country. By far the biggest group (495,000) is in London – followed by the West Midlands (179,000), the North West (111,000) and the South East (107,000).

EX1 Cosmetics' research shows there is a regional demand for yellow-based foundations sold locally at affordable prices. Farah Naz, the company's founder and MD, says she is baffled by the fact that women with exotic skin tones (such as those of Asian, Arab and Far Eastern inheritance) have previously been overlooked by the beauty

"She is baffled by the fact that women with exotic skin tones have previously been overlooked by the beauty industry"

industry. She explains: "Using my background as a bio-chemist, I have developed EXI Cosmetics to meet a gap in the market, based on my personal experience as a British Asian woman."

"Women like myself who have yellow tones to their skin either constantly compromise by mixing and matching products for Caucasian skins, purchase abroad or at specialist outlets or pay a premium price in a department store for a product that we want to use everyday."

"With foundations and powders, it's important that the undertone of the product precisely matches the skin tone of the wearer."

"Foundations for Caucasian skins have pink undertones while products for black skins have red/black undertones. Exotic skins need products with yellowish undertones covering varying shades and colour depths."

Buoyant future

According to Datamonitor, the ethnic cosmetics and toiletries market is predicted to grow to £177.8m by 2004 spurred on by a rapidly expanding ethnic community which is growing by 2.5 per cent a year.

Continued on page 30 ►



With the increasing prominence of ethnic beauty products in the public eye, through endorsements such as Halle Berry at Revlon (far left) and Ethiopian-born model Liya Kebede (left) at Estée Lauder, many people are surprised that more effort has not been made to exploit the commercial possibilities. Companies such as Black Like Me (above) are hoping to do so by targeting community pharmacies to promote their Afro haircare products.

Main photo by Revlon. Photo right by Estée Lauder

Beauty tips

- Afro Caribbean and Asian women tend to prefer a non-oily foundation with a matt finish as their skin is more prone to be oily than most Caucasian skins.
- Women whose skins fall at the lighter end of the scale should go for very pale orange or yellow bases and if skin is very dark they should choose a shade with a blue to violet tone.
- Asian women should use a foundation with yellow undertones. If Asian women use a product for Caucasian skin, they can end up with a very chalky, shadowy look. If they use a product for black skin, they can get a very orangey effect.
- Dark skins of all shades can be patchier than Caucasian skins. Uneven skin tones can mean the skin tends to be darker at the edges.

Mintel believes that the black population already constitutes a niche market that is considerably larger in value terms than the population size would suggest.

They report: "The black population has a younger age profile than the population as a whole, and younger women are more likely to be regular users of make-up and haircare products in the future. Market growth at a strong rate can be pretty well assured, underpinned as it will be by above-average population expansion. There is also further sale potential amongst the Asian population within the make-up sector – particularly in foundation and powder. Broader targeting of this sort would more than double the potential market."

Product news

- Black Like Me is now specifically targeting UK pharmacies in an effort to increase the distribution of its Afro haircare products. Launched in the UK last year, the range was

- For best results, translucent powder in an appropriate shade can be finely dusted over a foundation. It is especially important to seal the foundation if there is a tendency towards oily skin.
- It is important for dark skinned customers to wear a sunscreen. Black skins go darker in the sun too and the shade of foundation may need to be altered in the summer months.
- Blushers help create a healthy glow – the darker the skin, the deeper the shade needed to bring out the equivalent of Caucasian skin's rosy cheeks.
- Lipsticks can pose a problem as black lips may have a different colour top and bottom. Bold reds with a blue base suit darker skin tones, as will deep chocolate and dark berry shades.



originally introduced in South Africa in 1985 to meet the needs of some 44 million black South Africans.

The range includes treatments and styling products to help maintain latest cross-cultural twisted and braided fashion looks such as the one recently sported by David Beckham. The brand is supported with a variety of point of sale material including shelf talkers and posters. For more information telephone BLM on 0208 988 8550.

- EX1 Cosmetics has developed a range of yellow-based foundations and powders tailored for what it

describes as 'exotic' skins such as those of Asian, Arab and Far Eastern inheritance. The oil-free liquid foundations (£7.99) are formulated to provide a matt finish and sufficient coverage to deal with cover-up issues. Initially in five shades, they are presented in silver-capped bottles including an applicator for ease of use.

The translucent loose powders (£6.99) give a hint of colour and are being introduced in three colours – Light, Medium and Tan. They come with a powder puff.

The range is being launched exclusively through independent retailers – primarily pharmacies – and is likely to be expanded next year. In-store support includes a counter merchandising unit and consumer leaflets.

Stockist support will be gradually rolled out across the country throughout this year,



starting with London, followed by the West Midlands and the North West. A regional poster campaign on bus shelters is planned. For more information telephone EX1 Cosmetics on 0845 330 9421.

- New in the Black by Design make-up range



What you say

An online survey conducted by IntraPharmQ exclusively for C&D

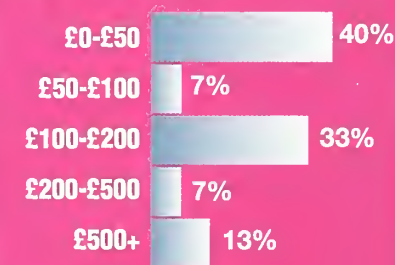
Is there a demand for beauty products for women with black or other 'ethnic' skins in your pharmacy?



Do you sell specific beauty brands for women with darker skin tones?



If you do stock them, what is your monthly turnover for these brands?



If you don't stock them, would you consider doing so in the future?



is Oil Control Velvet Finishing Powder which provides a matt finish on the skin.

Formulated to meet the specific needs of black skins, the microfine, creamy textured powder contains aloe vera and vitamin E. The powder is designed to be used over its sister product Velvet Creme to Powder Foundation. The product comes with its own powder puff in a pink compact (rsp £9.99). For more information telephone Black by Design Ltd on 01206 752722. ☺

Source: Mintel

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Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>



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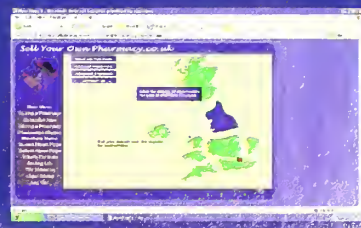
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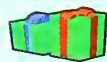
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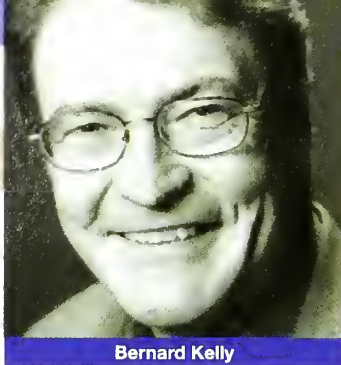
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Bernard Kelly

Bernard Kelly will take up his post as director of finance and resources at the RPSGB at the end of July. Mr Kelly spent the first 17 years of his career with Thorn EMI, moving to CIC International and MTV Europe. Most recently he was director of finance and operations with the Royal Society for the encouragement of Arts, Manufactures and Commerce.

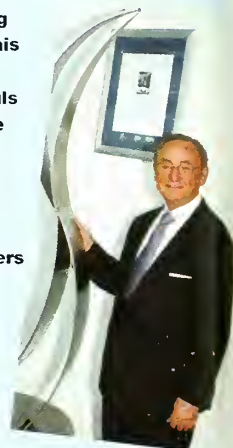
RPSGB secretary and registrar, Ann Lewis, said: "I am pleased to welcome Bernard to the directorate team. He brings a great deal of knowledge and experience to the Society from a career to date marked by significant involvement in change, both of the industry and the organisations within which he has worked."

The Medicines and Healthcare products Regulatory Agency has announced the appointment of six non-executive directors:

Prof Angus Mackay, mental health service director and consultant psychiatrist at the Argyll and Bute Hospital; **Michael Fox**, chief executive of the Prince of Wales Foundation for Integrated Health; **Miss Shelley Dolan**, nurse consultant in cancer and critical care at the Royal Marsden; **Charles Kernahan**, until recently vice-president marketing EMEA Convatec, a division of Bristol Myers Squibb; **Garry Watts**, finance director of SSL International and **Lisa Arnold**, a member of RAFT, a medical research charity.

It's goodbye from him...

As a lasting tribute to his vision, Mr Kaye unveils a sculpture called "Looking Ahead" at the IVAX headquarters



The chairman of IVAX, Mr Isaac Kaye, completed his remarkable career journey when he retired earlier this month.

A celebratory lunch for more than 250 employees at the company's headquarters at the Royal Docks, London, was followed by a film of his life. Mr Kaye, a pharmacist, did his initial training in the Rhodesian township of Bulawayo before moving to the UK. He took over as chairman of IVAX in 1985.

Frank Condella, managing director of IVAX, said: "We thank you, Isaac, for your vision, for your determination, for your passion, for your hard work, for your friendship but above all I and all the staff here at IVAX thank you for the unforgettable inspiration your journey from Rhodesia to Royal Docks has given to us all."

Another castle, another breach of security... this time by C&D

It seems that if you pose as a buffoon you can get into all the best parties (just look at what happened last Saturday in Windsor).

Security at the British Association of Pharmaceutical Wholesalers meeting in Grantham last Thursday was breached by a C&D

reporter just as the assembled dignitaries were departing for an evening of mock medieval splendour at Belvoir Castle.



Stephen Simms (sporting a nouveau line in monastic eye shades) from Sangers (Northern Ireland) and wife Valerie



Friar Roger Bell from Alpharma



BAPW executive director Mike Rudin toolled up for another night on the town



His eminence Colin Darroch of Neolab (centre) with Peter Ballard (right), the Mother Superior at Genus, and Sister Alasdair Ashcroft from the Edinburgh branch of the order, offer a prayer (or two!) for the wholesaling brethren

Ladies rise to golf challenge

The Health Perception golf competition for women has attracted more than 20,000 entries so far. Although entries have now closed more than 1,000 golf clubs have welcomed qualifying rounds for the competition.

The final is due to be held at Wentworth on September 25 and the winning prize will be presented by Health Perception's managing director David Wilkie MBE, the former Olympic swimmer.

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